

## **FEE SUMMARY SHEET**

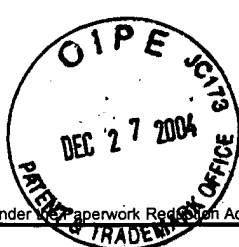
### **Petition for Extension of Time Under 37 CFR 1.136(a) (PTO SB-22)**

Date: December 22, 2004  
Time: 11:43 AM  
Docket: 393032030700

Filing Date: February 25, 2002  
Application No: 10/084,208  
Total Fee: \$ 120.00

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| <b>Code</b> | <b>Amount</b> | <b>37 CFR</b> | <b>Fee Description</b>                       | <b>Listed on</b>            |
|-------------|---------------|---------------|--|-----------------------------|
| 1251        | 120.00        | 1.17(a)(1)    | Extension for response<br>within first month | Fee Transmittal (PTO SB-17) |



PTO/SB/17 (12-04)

Approved for use through 7/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

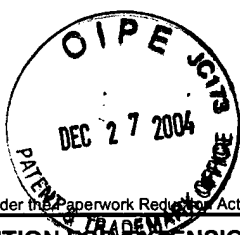
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|   |  |                          |                   |
|---|--|--------------------------|-------------------|
| <b>FEE TRANSMITTAL</b><br><b>For FY 2005</b><br>Effective on 12/08/2004.<br>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). |  | <b>Complete if Known</b> |                   |
|   |  | Application Number       | 10/084,208        |
|   |  | Filing Date              | February 25, 2002 |
|   |  | First Named Inventor     | Akira IIZUKA      |
|   |  | Examiner Name            | P. M. Natnael     |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |  | Art Unit                 | 2614              |
| <b>TOTAL AMOUNT OF PAYMENT</b>  |  | <b>(\$)</b>              | 120.00            |
|   |  | Attorney Docket No.      | 393032030700      |

|  |  |
|--|--|
| <b>METHOD OF PAYMENT</b> (check all that apply)  |  |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ |  |
| <input checked="" type="checkbox"/> Deposit Account            Deposit Account Number: <u>03-1952</u> Deposit Account Name: <u>Morrison &amp; Foerster LLP</u>                                 |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)   |  |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, <b>except for the filing fee</b>                                     |  |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments          |  |

|   |                     |   |                      |                                  |                         |                       |                       |
|---|---------------------|---|----------------------|----------------------------------|-------------------------|-----------------------|-----------------------|
| <b>FEE CALCULATION</b>  |                     |   |                      |                                  |                         |                       |                       |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>  |                     |   |                      |                                  |                         |                       |                       |
|   | <b>FILING FEES</b>  |   | <b>SEARCH FEES</b>   |                                  | <b>EXAMINATION FEES</b> |                       |                       |
|   |                     | <b>Small Entity</b>                                     |                      | <b>Small Entity</b>              |                         | <b>Small Entity</b>   |                       |
| <b>Application Type</b>   | <b>Fee (\$)</b>     | <b>Fee (\$)</b>   | <b>Fee (\$)</b>      | <b>Fee (\$)</b>                  | <b>Fee (\$)</b>         | <b>Fee (\$)</b>       | <b>Fees Paid (\$)</b> |
| Utility   | 300                 | 150   | 500                  | 250                              | 200                     | 100                   |                       |
| Design  | 200                 | 100   | 100                  | 50                               | 130                     | 65                    |                       |
| Plant   | 200                 | 100   | 300                  | 150                              | 160                     | 80                    |                       |
| Reissue   | 300                 | 150   | 500                  | 250                              | 600                     | 300                   |                       |
| Provisional   | 200                 | 100   | 0                    | 0                                | 0                       | 0                     |                       |
| <b>2. EXCESS CLAIM FEES</b>   |                     |   |                      |                                  |                         |                       |                       |
| <b>Fee Description</b>  |                     |   |                      |                                  |                         | <b>Small Entity</b>   |                       |
|   |                     |   |                      |                                  |                         | <b>Fee (\$)</b>       | <b>Fee (\$)</b>       |
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent  |                     |   |                      |                                  |                         | 50                    | 25                    |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent   |                     |   |                      |                                  |                         | 200                   | 100                   |
| Multiple dependent claims   |                     |   |                      |                                  |                         | 360                   | 180                   |
| <b>Total Claims</b>   | <b>Extra Claims</b> | <b>Fee (\$)</b>   | <b>Fee Paid (\$)</b> | <b>Multiple Dependent Claims</b> |                         | <b>Fee (\$)</b>       | <b>Fee Paid (\$)</b>  |
| _____   | - = _____           | x _____   | = _____              |                                  |                         | _____                 | _____                 |
| <b>Indep. Claims</b>  | <b>Extra Claims</b> | <b>Fee (\$)</b>   | <b>Fee Paid (\$)</b> |                                  |                         |                       |                       |
| _____   | - = _____           | x _____   | = _____              |                                  |                         |                       |                       |
| <b>3. APPLICATION SIZE FEE</b>  |                     |   |                      |                                  |                         |                       |                       |
| If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                     |   |                      |                                  |                         |                       |                       |
| <b>Total Sheets</b>   | <b>Extra Sheets</b> | <b>Number of each additional 50 or fraction thereof</b> | <b>Fee (\$)</b>      | <b>Fee Paid (\$)</b>             |                         |                       |                       |
| _____   | - 100 = _____       | /50 _____ (round up to a whole number) x _____          | = _____              |                                  |                         |                       |                       |
| <b>4. OTHER FEE(S)</b>  |                     |   |                      |                                  |                         |                       |                       |
| Non-English Specification, \$130 fee (no small entity discount)   |                     |   |                      |                                  |                         | <b>Fees Paid (\$)</b> |                       |
| Other: 1251 Extension for response within first month   |                     |   |                      |                                  |                         |                       | 120.00                |

|                     |            |                                   |                   |
|---------------------|------------|-----------------------------------|-------------------|
| <b>SUBMITTED BY</b> |            |                                   |                   |
| Signature           |            | Registration No. (Attorney/Agent) | 44,415            |
| Name (Print/Type)   | David Yang | Telephone                         | (213) 892-5587    |
|                     |            | Date                              | December 22, 2004 |

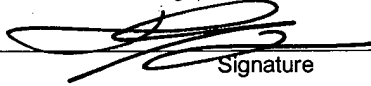


PTO/SB/22 (12-04)

Approved for use through 7/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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|   |   |  |                         |
|---|---|--|-------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2005</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |   | <b>Docket Number (Optional)</b><br>393032030700  |                         |
| <b>Application Number</b> 10/084,208  |   | <b>Filed</b> February 25, 2002   |                         |
| <b>For</b> VIDEO MIXER APPARATUS  |   |  |                         |
| <b>Art Unit</b> 2614  |   | <b>Examiner</b> P. M. Natnael  |                         |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |   |  |                         |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |   |  |                         |
|   |   | <u>Fee</u>   | <u>Small Entity Fee</u> |
| <input checked="" type="checkbox"/>   | One month (37 CFR 1.17(a)(1))   | \$120  | \$60 \$ 120.00          |
| <input type="checkbox"/>  | Two months (37 CFR 1.17(a)(2))  | \$450  | \$225 \$                |
| <input type="checkbox"/>  | Three months (37 CFR 1.17(a)(3))  | \$1020   | \$510 \$                |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4))   | \$1590   | \$795 \$                |
| <input type="checkbox"/>  | Five months (37 CFR 1.17(a)(5))   | \$2160   | \$1080 \$               |
| <input type="checkbox"/>  | Applicant claims small entity status. See 37 CFR 1.27.  |  |                         |
| <input type="checkbox"/>  | A check in the amount of the fee is enclosed.   |  |                         |
| <input type="checkbox"/>  | Payment by credit card. Form PTO-2038 is attached.  |  |                         |
| <input checked="" type="checkbox"/>   | The Director has already been authorized to charge fees in this application to a Deposit Account.   |  |                         |
| <input checked="" type="checkbox"/>   | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1952</u> Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate. |  |                         |
| I am the  | <input type="checkbox"/>  | applicant/inventor.  |                         |
|   | <input type="checkbox"/>  | assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). |                         |
|   | <input type="checkbox"/>  | attorney or agent of record. Registration Number _____   |                         |
|   | <input checked="" type="checkbox"/>   | attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 <u>44,415</u>                        |                         |
|    |   | <u>December 22, 2004</u><br>Date   |                         |
| <u>David Yang</u><br>Typed or printed name  |   | <u>(213) 892-5587</u><br>Telephone Number  |                         |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |   |  |                         |
| <input type="checkbox"/>  | Total of <u>1</u> forms are submitted.  |  |                         |

12/30/2004 AWONDAF1 00000129 031952 10084208

01 FC:1251 120.00 DA